

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2081

State File No.

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 53

1. PLACE OF DEATH: Cape Girardeau
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether)
In this community all of life
years, months or days

8. (a) PRINT FULL NAME: FRANCES WARD
8. (b) If veteran, name war: none
8. (c) Social Security No. none

4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: E. J. Ward
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: Sept. 6 (Month) (Day) (Year) 1852

8. AGE: Years 88 Months 4 Days 23
If less than one day hr. min.

9. Birthplace: Miller ville Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: MOTHER FATHER
12. Name: George Thompson
13. Birthplace: Miller ville Mo (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Ann
15. Birthplace: Miller ville Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: E. J. Ward
(b) Address: Miller ville Mo
17. (a) Burial (b) Date thereof: Jan 31-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Snider Cemetery
18. (a) Signature of funeral director: Miller
(b) Address: Jackson Mo
19. (a) 1-29-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cape Girardeau
(c) City or town: Miller ville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 29 year 1941 hour 2 minute 00 A. M.
21. I hereby certify that I attended the deceased from 12-18-41 to 1-29-41, 1941, and that death occurred on the date and hour stated above.
that I last saw her alive on 1-28-41, 1941.

Immediate cause of death: Cerebral hemorrhage, Arterial sclerosis, Due to Hypertension, Due to Truncal arteriosclerosis, etc.
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 17/12
Of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): NO
(b) Date of occurrence: V
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO
While at work? NO (Specify type of place) (e) Means of injury: V
23. Signature: Albert J. Foster (M. D. or other) M.D.
Address: 223 W. Main, Jackson, Mo Date signed: 1-29-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Lymon Steele

Licensed Embalmer No. *2476*

P. O. Address *Jackson Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.